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EDITORIAL

ABRAMS TREATMENT IN SOUTH CAROLINA

We have been informed that the Barnwell County Medical Society on May 30th adopted resolutions expelling all members who now or may in the future practice Abrams Methods of treatment. This action is in line with similar resolutions adopted by medical societies in various parts of the country. The Journal has had several requests to the effect that the Abrams method be denounced by the publication of various reprints from other journals and magazines. We are heartily in favor of giving wide publicity to an expose of the practices of the cults, but the Journal of the American Medical Association and several other national journals have for the past year or so published extensive investigations along this line. The majority of our members now have access either by subscription or otherwise to most of these periodicals. Several of our county societies have taken steps to limit the extension of Chiropractic methods, but so far as we know Barnwell County is the pioneer county society in South Carolina to vigorously attack the Abrams disciples. According to the Secretary's report all of the Barnwell County members who have been expelled live in other sections of the State.

ORIGINAL ARTICLES

SIMPLE METHODS WHICH AID IN THE DETECTION OF EARLY NEPHRITIS

By George R. Wilkinson, M. D., Greenville, S. C.

Mr. President, and members of the Sumter County Medical Society: The writer wants to assure you that he esteems it a privilege to have been invited by your secretary to read a paper on a subject related to the practice of internal medicine.

The subject that has been chosen is "Simple Methods Which Aid in the Detection of Early Nephritis." It will be the purpose of the writer to confine this paper to the group of cases which have no specific complaints referable to the kidneys and whose gross specimens show little or no changes from the normal when examined by the usual chemical and microscopic methods. The type of case which shows gross urinary changes has been purposely excluded.

The majority of the gentlemen present have already attained the age when one begins to feel in some way the stress and strain of active practice and perhaps, often wonders when alone just what sort of events will terminate his existence. When the mind once wanders along these lines the possibility of nephritis is always present.

is paper purposes to call to mind the earliest manifest findings which give evidence to vascular changes; changes which have advanced to such a limited extent that there is yet abundant opportunity for prevention or cure. There are many treatises which tell of the more advanced changes, but the literature is not so full in its discussion of the earlier changes.

Prophylaxis with particular reference to the renal tissue is also not stressed when its bare mention would do more than all the regime which is usually instituted after the gross symptoms appear.

It has become fashionable these days for business men to have themselves carefully examined from time to time, not because of ill health but because of a desire for longevity and a longer period of usefulness. Many big business men are having their lives insured for large sums of money, payable to their business, especially when they are entering into a new program of expansion, since the weal of the newly invested capital so largely depends on the continued good health of its good industrial leadership.

Recognizing the possibilities, a more enlightened public is requiring of its physicians not only aid when in actual distress, but also the solace which comes from the assurance based on careful study, proving a given individual in good health. The cases that will be used to illustrate the points in this brief paper will be taken from the ones who came to the writer with no particular complaint, except that they wanted a general inventory taken of their physical status and a critical report rendered.

One is often content to tell a patient that his kidneys are in good condition especially where little or no pressing symptoms are complained of and the ordinary chemical and microscopic tests of a single voided specimen taken at the time of the examination show no abnormal constituents present. By doing routine phenolsulphonephthalein tests or collecting specimens at two hourly intervals during the day and the total night urine in separate bottles a great many more

Read before the Sumter County Medical Society Sumter, S. C. May 10, 1923.

abnormalities are found that are not manifest or perhaps even obscured by the single routine examination, say, like the one ordinarily required by life insurance companies. These additional examinations are very simple and require very little of a physician's time. The phthalein can be easily administered at the time of the examination and the patient given the necessary instructions on a type-written or printed form. The collection of the twenty four hour specimen is simple when the patient can be handed a satchel with the bottles all labeled and the full directions inclosed. The writer finds that patients are far more interested in collecting the specimens according to the directions than the ordinary hospital attendant is. By having the directions plainly written and the bottles already for transportation little time is lost in the transaction. The specimens when returned are examined in the usual manner either by comparison or with a homemade colorimeter. The homemade colorimeter may be made by diluting a solution of the dye so as to have a series of test tubes containing 5, 10, 15, 20, 25, 30, 35, 40, 50, 55, 60, per cent respectively, of the original standard solution which is made by adding 1 c. c. of the commercially prepared ampule to 999 c . c. of water rendered alkaline by the addition of a few drops of sodium hydroxide. This color scale keeps for a good many weeks if kept out of the light when not in use. This test of the kidney function, first introduced by Rowntree and Geraghty, though well known and requiring but little apparatus, is not in common enough use when one considers the wealth of information that can be obtained from its frequent use.

The technique is simple. One c. c. of a standard solution is given either directly into a vein or intra-muscularly and the urine collected one hour later and two hours later when given in the vein, and 10 additional minutes is usually allowed when the dye is given in the muscle. This time is allowed for absorption. The specimens collected are rendered alkaline and then are diluted to 1000 c. c. and compared with the color scale. A normal individual will excrete from 40 to 60 per cent in the first hour and 10 to 25 per cent during the second. Any reading below the normal is usually considered pathological.

The specimens collected in the so-called Mosenthal test require no more apparatus than is necessary for the examination of a specimen in the usual way. When this method was first elaborated the chemical constituents were all measured by analytical methods, however, the most important information to be derived can be obtained by simple measurements. By simply taking the specific gravity of each specimen and totaling the several amounts of urine contained in the day bottles separately from the night, the range of specific gravity and the total day and night amounts can be ascertained. A normal individual drinking 2,000 c. c. of fluids and eating three full meals would be expected to void somewhere between 1,000 and 1,800 c. c. per day. The average is 1300 c. c. Now the night urine should always be less than the day urine; 400 c. c. or less being the usual amount expected to be collected during the night. The specific gravity should vary at least eight points. When the specific gravity becomes fixed at either a high or a low level the kidneys are not functioning normally and should be considered pathological until proven otherwise. When the night urine equals or exceeds the amount voided during the day then there is additional evidence that a nephropathy is present.

A brief review of three cases whose first routine voided specimens showed no abnormal constituents will be given to illustrate the value of the examinations outlined above.

Case 1. D. M. D., white male, age 54, teaches. Complaint: "Migraine." Mother died age 59, cardio-vascular disease. Pa-

tient had typhoid uncomplicated at age of 23.

Present illness began ten years ago with headache associated with nausea; dyspnoea on moderate exertion; weight has gradually increased from 125 at the age of 25 to 216 at 54; habits excellent.

Physical condition: Patient is a large, well proportioned man past middle life; facies strained; scattered pigmented moles; arteries in eye grounds slightly light streaked; radials and brachials very slightly atherosclerosed; repeated blood pressure reading averaged 187 systolic and 122 diastolic; moderate left ventricular hypertrophy. Laboratory findings: white and differential counts normal; haemoglobin 92 per cent. Blood Wassermann negative. Blood urea 13 mg. per 100 c. c.; creatinin .9 mg. per 100 c. c. Gastric contents showed no free hydrochloric acid. Roentgenographic series negative for stomach; moderate left ventricular hypertrophy. Urinalysis showed no abnormal constituents on first routine examination of the voided specimen. Phthalein test 35 per cent first hour and 15 per cent during second hour; Mosenthal kidney test meal showed a variation in the specific gravity ranging from 1012 to 1020. Day urine 600 c. c., night urine 640 c. c., respectively; total urine 1240 c. c Routine examination of 24 hour specimen showed a few granular casts and a faint trace of albumin. Stool negative and basal metabolic rate 2 per cent plus.

Diagnosis: Hypertension; mild chronic interstitial nephritis; obesity. Achlorhydria and left ventricular hypertrophy.

Discussion: In this particular case the headaches which brought the patient to my office could of course be attributed to the hypertension. However, as soon as the patient was put on dilute hydrochloric acid and some form of pepsin, the headaches were relieved long before the arterial tension began to recede. The striking thing about the case and the point to be stressed here is the fact that the first specimen showed no abnormal constituents, the nephropathy being demonstrated only by a repetition of the routine urinalysis on the 24 hour specimen and the two other examinations.

Case 2. F. H. K., a white woman of 29 years, no occupation. Complaint: "Obesity". Mother has migraine. Tonsillectomy two years ago for dysphonia and chronic tonsillitis.

Present illness: Patient has gained weight for past 10 years. Ten days ago she consulted an oculist on account of a very small hemorrhage from one of the superficial vessels of her left sclera. Is slightly dyspnoeic on exertion, no dysuria and no pregnancies.

Physical examination: Height 64 inches, weight 202 pounds. Eye-grounds show some slight streaks along the larger arteries. Systolic pressure 144, diastolic 100. Artery wall soft. Laboratory study: Blood counts normal; haemoglobin 88 per cent; blood Wassermann negative; blood urea 13.5 mgs.; creatinin 1.1 mg. per 100 c. c. of blood. Urinalysis showed only a very faint trace of albumin by the heat and acetic method and an occassional pus cell in the voided specimen. Phthalein test 25 per cent for first hour and 20 per cent during the second hour, respectively. Mosenthal test showed a range of specific gravity from 1026 to 1030; day urine 665 c. c., night urine 625 c. c. Routine examination of 24 hour specimen showed very faint trace of albumin and an occassional pus cell. Basal metabolic rate minus 2 per cent. Stools negative for blood and ova.

Diagnosis: Obesity, with early chronic interstitial nephritis; moderate hypertension.

Here the routine urinalysis showed but a faint suggestion of trouble while the phthalein excreted was considerably below normal and the Mosenthal showed a definite nocturnal polyuria.

Case 3. B. M. W., white female of 52, housekeeper. Complaint: "Pain in the

lower right quadrant." Father died with cardio-renal disease at age 78, mother died at age 87 with apoplexy. Scarlet fever at age of 3, five attacks of pneumonia during childhood and early adult life, some joint pains in the lower extremities 3 years ago, tonsils and teeth removed, both breasts removed 6 years ago on account of what was termed "senile parenchymatous degeneration." Difficulty in vision three months ago. Was told by an oculist that she had a detached retina.

The present complaint began 12 years ago and comes on only when she is constipated and has never been associated with nausea, vomiting or fever, nor has it ever been severe enough to interfere with her work.

Physical examination: Past middle age white woman, weighing 167 pounds and measuring 67 inches. Eye-grounds on the left side; arteries streaked, tortuosity increased, veins engorged and obliterated where crossed by arteries, the lower hemisphere pale, difficult to bring into focus, discs clear. Right eye showed generally the same change in the arteries and veins. Brachials and radials moderately thickened. Systolic pressure 180, diastolic 80. Left ventricular hypertrophy moderate; slight tenderness on deep pressure over right lower quadrant. Laboratory study: White and differential blood counts normal; haemoglobin 90 per cent. Blood Wassermann negative on repeated examination. Blood urea 15 mgs. and creatinin .9 mg. per 100 c. c., respectively. Routine urinalysis; faint trace of albumin (heat and acetic method); occasional pus cell; phthalein test 45 per cent first hour, 10 per cent second hour, respectively. Mosenthal test showed range of specific gravity from 1004 to 1026; Day urine 1159 c. c., night urine 465, total for 24 hours 1624. Routine urinalysis of the twenty-four specimen showed no abnormal constituents.

Diagnosis: Hypertension associated with the menopause; nephritis of the arteriosclerotic type.

Here there is a definite increase in the arterial tension with objective change in the retina and peripheral arteries with but little variation from the normal in all the examinations of the urine. However, with a very moderate decrease in the phthalein test and a slight total polyuria associated with the vascular changes there can be but little doubt that the kidney vessels are also involved in the process.

Conclusions: Two comparatively well known simple methods for studying the kidney functions have been outlined. Their relative simplicity and merits have been emphasized.

TWELVE YEARS IN RURAL HEALTH WORK

By L. A. Riser, M. D., Columbia, S. C. Director Department Rural Sanitation State Board of Health.

Twelve years ago the personnel of the State Health Department of South Carolina consisted of the State Health Officer, Director of Laboratories, Chemist, two stenographers and a janitor, and in July of this year, 1910, the Department of Rural Sanitation was added, with a Director and two assistants. The Director and his assistants were appointed and paid by the Rockefeller Sanitary Commission with the approval of the State Board of Health, and the Director was also to act as assistant State Health Officer.

The work of the Department of Rural Sanitation was the first Public Health Work ever done in the rural districts of South Carolina. The work was entirely on hookworm disease, and the first year it was carried on in five counties: Horry, Georgetown, Clarendon, Williamsburg and Marion. 4,695 children were examined

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microscopically during the last six months of the year and 165 persons were treated for hookworm disease.

In 1911 another assistant was added to the force and two assistants were employed in the laboratory to do hookworm work, all of these being paid by the Rockefeller Sanitary Commission. The work consisted of public lectures illustrated by lantern slides, newspaper and other publicity. Free dispensaries were established for the examination and treatment of hookworm disease, and the infection ran from 57% to 90% in the counties where dispensaries were held. Articles were furnished the press for publication and the attitude of the press was reported "favorable", although it had been previously unfavorable. The financial report in 1911 shows that $291.98 of the State's money was expended for office expenses.

At this time no State appropriation had yet been made for tuberculosis, and smallpox was the only disease on which any special fight had been made. In the report of the Chairman of the State Board of Health in 1911 we find this sentence: "The results of the hookworm work will be far more reaching than the mere suppression of hookworm disease, however important this may be. The sanitary instruction which these men are giving is already opening the eyes of numbers of the country folk to practical sanitation and teaching them lessons of hygiene, which, by leading to the prevention of disease, is bound to raise the physical, moral and intellectural standard of citizenship."

In 1912 twenty counties in South Carolina had educational campaigns in the rural districts. For six weeks in each of these counties an intensive hookworm campaign was carried on. Lectures were given in which not only hookworm disease, but every communicable disease was taken up and the method of prevention discussed. In the twenty counties 56,374 people visited the hookworm dispensaries and were examined for hookworm disease. When found infected they were given free treatment, and were taught how the disease could be prevented by proper sanitation. The report for this year states that "the discouraging aspect of the work is the difficulty of getting people to stop soil pollution." This is yet a great difficulty. The sanitary surveys of seventeen counties in South Carolina in 1912 showed a sanitary index averaging 4.1 out of a possible 100 points. The report states that this condition accounts for the prevalence of typhoid fever, diarrhoea and dysentery, and also for the high percentage of hookworm in the State.

From 1912 to 1916 these hookworm dispensaries were kept up and illustrated lectures given, newspaper articles written, circulars sent out and a general educational campaign kept up. In these lectures it was explained to the people what the State Board of Health was, and what it wanted to do for them. Each county was asked to appropriate $50.00. This paid for part of the printing but we requested this small amount of money more for the purpose of allowing us to state that the county was assisting in these campaigns. All examinations were made by the microscope and 32,409 were examined for hookworm by the four men, who not only lectured but did the publicity work, made all the examinations themselves, kept the records, and treated 9,870 people in sixteen counties in the State. At the end of 1912 work had been done in all the counties in the State except Charleston, Kershaw and Saluda. These counties had up to this time refused to make the appropriation of $50.00 and the money in Marion and Beaufort counties had been raised by private subscriptions. In the 1912 report the Director urges a whole time County Health Officer in each county, whose "duty it shall be to collect vital statistics, inspect school children and teach by personal instruction, lectures, newspaper articles and the invaluable little things

which make for a lower morbidity and mortality rate with all the benefits accruing therefrom."

In 1914 the Board of Health appropriated $175.00 for the Bureau of Rural Sanitation and work was done in the counties which refused to appropriate, the Rockefeller Commission making the entire appropriation for Charleston and Kershaw. the County Educational Board giving the necessary $50.00 for Saluda County. This completed the work in every county in the State, and a second campaign was conducted in fourteen counties. In September of this year community work was undertaken in Cherokee and Spartanburg counties. A community in each of these counwas selected. These communities were each about sixteen square miles in area and had a population of about 1,000 people. A complete survey of the community was made, a census taken, and it was ascertained as accurately as possible the number of cases of tuberculosis, typhoid fever, malaria and pneumonia which had occurred during the five preceding years. A map was made showing the location of each house, the name of the householder and the sanitary condition of the house and its surroundings. A lecture was given each week on sanitation and the various communicable diseases. These lectures were illustrated by lantern slides. For the year 1914 the Rockefeller Sanitary Commission appropriated $12,189.44 for Rural Health Work in the State, the counties appropriated $787.39 and the State expended $1,-136,32. This latter amount was the first appropriation of any consequence made by the State for health work in rural districts. As a result of four months' work in Spartanburg county, sanitary privies had been constructed at 95% of the homes in the Reedsville community and 85% of the residents were examined for hookworm; and of the 20% found infected, nearly all had been treated.

In 1915, the Bureau of Vital Statistics was organized and began to function in South Carolina. In the Chairman's report for 1915, he deplores the fact that "our death rate for typhoid fever is 316 per 100,000"; and he further states that "sanitary ignorance or sanitary carelessness is costing the State between two or three hundred thousand dollars from typhoid fever alone."

The State Sanatorium for the treatment of Tuberculosis was also constructed this year. In October of 1915 the first county unit was organized, consisting of a Medical Director and three Sanitary Inspectors. The State paid half of this expense and the Rockefeller Sanitary Commission the other half. The county made no appropriation. The work was done in one county, the Director being in charge, and three communities were worked at a time, a Sanitary Inspector being placed in each community.

In 1916 two counties were selected, each being under a physician trained in Public Health Work, with several Inspectors and a State Director who had charge of all the work, and in addition investigated the epidemics and assisted in establishing quarantine. Epidemics of infantile paralysis took up a great deal of the time of the Director but the effort to secure county appropriations for County Health Departments was continued and in 1917 two counties made appropriations of $2,000.00 each, the State appropriated $2,000.00 and the International Health Board $2,000.00. Many difficulties were encountered as the war came on and the price of labor went up. The first County Health Exhibits were put on at the County Fairs, and the first health parades held. Floats illustrating health work were shown. A special exhibit was shown at a number of County Fairs, literature was given out and as many people as possible were personally approached and told of the advantages of a county Health Department. The summary of the work for the year shows 8,915 homes personally visited and

27,539 people instructed by the Director and his assistants.

In 1918 two new counties made appropriations and nurses were added to our County Departments. In three of these counties we were fortunate enough to secure nurses with Public Health experience In the other county we were unable to secure a nurse with experience and a local nurse assisted the Health Officer in his work. The first nurse to do Public Health work in a Rural District of South Carolina was put in Greenwood County. She was a graduate of a school for Public Health Nurses and had years of experience. The State Director and all of the County Directors but one went into the army. Most of the Inspectors answered the call and some of the nurses also. The work was seriously disorganized. Substitutes without training were engaged to hold the Department together. However, in 1918 the State appropriated for the Department of Rural Sanitation $14,500.00, the largest appropriation yet received.

The first Infant Welfare work was done in the rural districts beginning in the spring of 1918, and continuing throughout the summer. Children were weighed and measured and the mothers were instructed in various problems of care and feeding. Medical inspection of schools was also started in the fall of 1918, and a few rural schools were inspected in two counties.

1918 and 1919 were the most difficult years we have had to encounter. Two of the counties whose directors went into service dropped their Departments in 1919 and it was very difficult to get men with vision to take the positions in the new counties. It was also difficult to get nurses. Our nurses up to this time had no State Supervision. The Department of Child Hygiene and Public Health Nursing was put on in 1919 and took over this supervision.

In 1919 there were six counties with County Health Departments, and in these counties 15,000 school children received a medical examination. Our first inoculations against typhoid were begun and 3,000 children were inoculated; 27 cotton mills were sewered.

In 1920 eight counties made appropriations for County Health Departments, and a traveling moving picture unit was added for the summer months. Our Conferences of County Health Officers were begun and proved very stimulating. Our report for 1920 shows that more than 22,000 school children were vaccinated against smallpox in the eight counties. Our moving picture truck showing films on disease prevention went into eighteen counties and more than 20,000 people, some of whom had never seen a moving picture before, saw these pictures.

In 1921 the State cut down our appropriation to such an extent it would have been impossible to run and give the counties financial assistance had not the International Health Board come to our rescue. The counties also cut their appropriations, and their working force was necessarily cut down to a minimum. Compulsory vaccination among the school children resulted in 32,500 vaccinations and at the typhoid clinics 14,757 were inoculated against this disease. At some personal sacrifice the moving picture truck was run for three months.

No increase was made in the number of Departments until this year, 1923, when we will have ten full time County Health Departments. Three new ones are now being organized. We will also have a moving picture unit for full time, and a free Dental Clinic in now being organized to begin work very soon.

During the past year we held free tonsil and adenoid clinics, dental clinics, clinics for typhoid inoculations, smallpox vaccinations infant welfare clinics, tuberculosis clinics and clinics for the administration of toxin antitoxin and we consider this the best year in our history.

Twelve years ago no health work had ever been done in the rural districts of South Carolina. Today, ten counties have full time County Health Departments and eight other counties maintain full time County Health nurses. Twelve years ago the State made no appropriation for Rural Health Work. This year we will receive an appropriation of $19,247.90, besides what is given to the other Departments, which all now do some work in the rural districts. From THREE Departments in 1910 the State Health Department has grown to ELEVEN Departments.

Our Vital Statistics Department was not organized until 1915, and we have no accurate records of deaths and births before that time. For the year 1915, the total deaths reported in South Carolina numbered 24,501, or 15.2 per thousand. We now see this number in 1922 reduced to 20,695, or 11.9 per thousand.

In seven years the number of deaths from typhoid fever has been reduced from 530 to 330; dysentery from 502 to 141; other intestinal diseases from 1306 to 975; tuberculosis from 1991 to 1489.

If our present death rate is reduced in the next seven years as it has been in the past seven years, South Carolina will stand at the top. At the present time a baby born in South Carolina has a better chance to live than it has in 29 other States of the Union, and there are only eighteen States in which its life expectation is greater.

Last year 19.69 of our rural population were protected from preventable disease by whole-time County Health Departments. This year, with three new counties added, we will raise this percentage materially. Last year only two other Southern States had a higher percentage than South Carolina of their rural population with whole time health officers. It is generally accepted as conclusively demonstrated that County Health Departments administered by a trained personnel, giving their full time, offer the most practical solution of the Rural Health Problem.

With the exception of Ohio and Vermont, the notable advances made in the improvement of local rural health administration are found exclusively in the Southern States, and the fact that we stand third in the South and fifth in the United States should be a source of pride to all South Carolinians who are interested in the health and welfare of their State.

THE PUBLIC HEALTH PROGRAM OF THE NEW SOUTH

By W. S. Leathers, M. D., Jackson, Mississippi.

In selecting this subject, it is not my purpose to discuss in detail a program especially applicable to the South but rather to call attention to the progress which has been made in public health work in the Southern states and to emphasize some fundamental phases of health work in the promotion of a health program. It is clear that certain fundamentals should be kept in mind in directing public health activities irrespective of the locality or section of the country in which such work is to be done. It is also equally evident that there are well recognized conditions in different sections of the country with respect to climate, soil conditions, variations in population, and other factors that may influence and definitely determine the kind of public health program that is peculiarly applicable to a particular section.

There has been during the past twenty-five years a commercial and industrial revival in the South and new ideals of service have materialized. With this spirit and growth, it would indeed have been most unfortunate had there not been a corresponding interest in the promotion and development of the public health. There

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can be no question about the fact that health is the greatest asset of a state or nation, and in increasing the wealth of the South there is no more fundamental conception to keep in mind that what was expressed by Emerson, that "The first wealth is health."

During the past fifty years, immense progress has been made in the development of public health work, not only in the South, but throughout the nation. It will be recalled that during the early part of the past half-century, there were only four state boards of health organized, namely, Louisianna, Massachusetts, Virginia, and California, and interest in preventive medicine was confined largely to the sporadic outbreaks of disease. A decided impetus was given to public health organization in the establishment of the American Public Health Association in 1872. This organization has been potent not only in the promotion of public health education, but in stimulating research in preventive medicine. It is, however, true that the modern public health movement had its birth with the discovery of the germ theory of disease, about 1875. During the years that have followed, there has been marked advancement in the methods employed in laboratory technique, in the discovery of the modes of transmission of the infectious diseases, and in the application of measures for the prevention and control of disease. This discovery and progress in preventive medicine has resulted in remarkable progress in public health organization, the prevention and suppression of infectious disease, and in the promotion of a broad program in the betterment of health conditions. The people have been awakened to the value and importance of health in a way to cause amazing interest in the promotion of public health and a greater appreciation of the value and benefits to be derived from scientific medicine.

It is notable that all of the states at the present time have boards of health and a large percentage of them have well-organized and efficient departments of health. The public has been made to realize that the greatest burden that can be imposed upon the citizenship of a state or nation is the waste accruing from unnecessary sickness due to infectious disease. The public conscience has also been quickened to the realization of the fact that the commercial an industrial development of the people depends very largly upon attaining a high degree of efficienty and that no people can be efficient and highly successful in achievement who are disregardful of the principles of healthy living.

There is no section of the United States in which more progress has been made in the development of effective health work and in the prevention and control of disease than in the Southern states. Indeed it may be stated that the South has acquired leadership in public health work during the past twelve years.

Beginning with the announcement of the discovery of Sir Ronald Ross in 1890 that malaria is transmitted by the anopheles mosquito, and this followed by the epoch-making discovery of Walter Reed in 1892, that yellow fever was transmitted by a certain kind of mosquito,—stegomyia fasciata,—measures for the prevention, control and suppression of malaria and yellow fever were formulated upon a scientific basis and for the first time in the history of the nation and world, yellow fever was placed under control and practically eradicated. In passing, it should be stated that the discovery of the mode of transmission of yellow fever by Dr. Walter Reed, because of the fear and horror of this disease and the economic depression incident thereto, has exerted a greater influence in stimulating and stabilizing the confidence of the public in the possibilities of preventive medicine than any other one discovery of medical science. Because of the work of such men as Reed, Gorgas, and Carter, yellow fever

may now be regarded as a public health problem of only historic interest.

The discoveries which have been made and measures instituted for the prevention and control of malaria will result in its suppression and eradication in the South within the life of the present generation. There is no disease which is more insidiously wasteful to human life and destructive to industrial progress in tropical and semi-tropical countries than is malaria. One of the outstanding achievements of modern medicine is the progress which has been made in the South during the past decade in the prevention and control of this disease. Incidentally, it may be stated that there is no one who has contributed more to this result than has Dr. H. R. Carter, of the United States Public Health Service.

The enlightment of the public on the etiology mode of transmission, and methods of control of malaria has resulted in an appreciable reduction of the disease in all of the Southern states. This fact is substantiated by statistical data easily available, showing that in certain localities the disease has been placed under control. In others it has been eradicated, while there has been a uniform reduction of about 33% in cases and deaths in many of the Southern states. It is, therefore, only a question of a relatively short time when malaria will be placed entirely under control in the South and eventually suppressed and practically eradicated.

In the light of this remarkable progress in the prevention, control and suppression of malaria and yellow fever, the two diseases that are more responsible for creating unfavorable impressions abroad relative to health conditions in the South than any other diseases, there can be no justification on the part of anyone in expressing the attitude that the health conditions in the South present relatively speaking a more serious outlook or problems more difficult of solution than are found in any other section of the United States.

It is indeed gratifying that more progress has been made in the prevention and control of disease and in the promotion of public health in the South during the past twelve years than in any other section of the United States. This fact may be substantiated by an analysis of the appropriations made for health work, the present status of health organization, and the actual results achieved in the control of disease. Considering these three points of view in the order in which they are named and using only eleven Southern states from which statistical information is available as the basis of comparison, in 1910, only $255,395 was appropriated by the respective states for health work, but in 1921, this total had increased to $2,376,147. This shows a total increase for this period of about 350% for health work in the eleven states.

The figure for 1914 for the eleven Southern states shows an appropriation of $463,595 and during the remaining eight years, including 1922, the appropriation had increased for health work in these states to $1,919,504. So it may be stated that the increase in appropriation for health work in the eleven Southern states was not less than 314%. But from a comparative standpoint what about the remaining thirty seven states of the Union? There was appropriated in 1914 in these states for health work, $3,896,910 and in 1922 the total appropriation had increased in these thirty seven states to $9,548,222. This shows only an increase of 145% during the corresponding period in thirty seven states of the Union as compared with 314% increase for health work in the eleven Southern states.

It is a well-recognized fact that the future of health work will depend largely upon the organization of county departments of health and the application of the principles of sanitation and hygiene to rural life. It is a signal fact that state health organization has progressed in the South during recent years in such a way as to be one of

the outstanding achievements in public health endeavor and in no part of health organization has there been more remarkable growth than in rural sanitation or what may be more correctly termed, county health work. The value and far-reaching importance of this development cannot be over-estimated when it is known that on the average, about 80% of the people in these states live in rural communities. It is therefore obvious that no state health organization can receive the proper evaluation unless the plan of organization, methods employed, and the appropriations secured are adequate for extending health activities upon an intensive basis to rural communities. What has been accomplished in the South in this respect as compared with other sections of the country, marks an epoch in the progress of health work. It happens that the figures are not available in making an accurate comparison from this standpoint except for the years 1919 to 1922 inclusive, but, however, the data available for this period may be used as the most reliable index of the advancement in health work broadly speaking in the United States.

For the sake of convenience, it may be well to classify the states into three groups in making a comparative statement relative to county health organization, namely, the Southern states, the Eastern and Central states, and the Western states. In 1919, there were seventy one all-time county departments of health in twelve Southern states and in 1922, the number had increased to one hundred and twenty-seven. In twenty-five Eastern and Central states, there were twenty-three all-time county departments of health in 1919, and the number had increased to sixty-seven in 1922. In eleven western states there were four all-time county departments of health in 1919 and this number had increased to twenty-one in 1922. It will, therefore, be seen that in twelve Southern states there were one hundred and twenty-seven all-time county departments of health in 1922, in twenty-five Eastern and Central states, sixty-seven all-time county departments of health in 1922, and in eleven Western states only twenty-one all-time county departments of health in 1922. To summarize, out of the total number, two hundred and fifteen all-time county departments of health in the United States in 1922, more than 70% of them were found in twelve Southern states.

This illuminating data shows unmistakably that the South occupies at the present time a position of constructive leadership in the development of effective health organization, in the prevention, control, and suppression of infectious disease, and in the promotion of public health. It also signifies the keen interest which is being manifested on the part of the citizenship of the Southern states not only in the actual prevention of disease but in elevating the health standard or, if you please, creating what may be rightfully designated, a health conscience.

Time will not permit the consideration of the results that have been attained in the prevention and control of disease especially within the last decade in the South, but it may be stated that there is no section of the country in which there have been more outstanding achievements in health work. In 1910, in co-operation with the Rockefeller Sanitary Commission, a campaign was inaugurated for the education of the people in the prevention and eradication of what are designated as the "soil pollution diseases," namely, typhoid, hookworm, and other intestinal infections. This campaign was waged aggressively for a number of years and no effort has been made which has been more productive, both directly and indirectly not only in the control of the "soil pollution diseases," but also in the development of the broad program of public health work. As a consequence, typhoid fever has been reduced not less than 50% in morbidity and mortality during the last ten years and it is safe to predict that with-

in the next fifteen or twenty years, this disease will cease to be of concern as a public health problem. Likewise hookworm disease has been reduced in many localities from 40% to 75%, and in certain localities it has been practically eradicated.

The serious cases of hookworm which were formerly prevalent are no longer found. It is also a fact that the infections from this disease exist largely in a mild form, which in itself is evidence of the disappearance of hookworm. Indeed, the disease may be considered as being now under control.

Reference has also been made to malaria as a problem of special concern in tropical and semi-tropical countries, but there has come about with the rapid strides in public health development a general understanding of the malaria problem and as a result this disease is being rapidly reduced in those states in which it is prevalent. The uniform reduction in malaria morbidity during the past several years is not less than 30% and in many localities it has been placed under control and in reality suppressed.

The educational activities through the state and local health organizations have been most effective in the enlightenment of the people relative to nutritional problems and because of this propaganda and the intelligent consideration of such problems, most gratifying results have been secured in the eradication of pallagra. In fact, think that the disease has been so greatly reduced during recent years that it need not now be given serious consideration from a public health standpoint.

There has been a great awakening on the part of the people in the Southern states in the general improvement of health conditions among children and there is a growing sentiment that the public health program should be focalized on child health. In practically all of the Southern states there are bureaus of child hygiene organized, and systematic work is being done for the improvement of child health.

These facts, together with others that might be mentioned, bear out the statement that the South occupies a position of vantage in health organization, in the promotion or rural sanitation, and in formulating plans for doing child welfare work.

In the development of the future program of public health work in the South, three outstanding phases of public health should be emphasized:

1. Devising better methods of disseminating health knowledge among the people as the most fundamental step in the promotion of all health work;

2. The establishment of all-time county departments of health upon an efficient basis;

3. The development of a broad program of public health placing special emphasis upon maternity and infant hygiene, and the conservation of the health of the child of pre-school and school age.

Devising Better Methods of Disseminating Health Knowledge Among the People.

The most important single step in the promotion of public health of the future will be in "getting over" health information to the public. We know that in the majority of infectious diseases there is sufficient information at hand if properly applied, to prevent and eradicate these diseases.

The method of presenting this information to the public should be more carefully studied with a view of presenting it in a more attractive form and in a more practical way. This cannot be done by what may be regarded as whirlwind methods or trick advertising schemes. On the other hand, the plan used should be conservative, sane, and practical. The methods employed should appeal especially to the non-reading public as well as to those who use intelligently the written page. We should sustain a thoroughly democratic attitude to the public and avoid in all educative work, any compulsory attitude. The lit-

erature used on health subjects should be made attractive and readable.

The illiterate public should be reached in a more systematic way by the spoken word and the method of education by demonstration should be employed especially in Co-operation with the medical profession, in the enlightenment of the public to the need and benefits to be derived from corrective work among children. If we are to keep the people interested in the application of the principles of hygiene and right living, the attitude of public officials and the medical profession must be consistently strong and effective. Whatever methods are used in educating the public, the element of permanency of result should be kept foremost.

The Establishment of All-time County Departments of Health.

I think that it will be agreed that the central organization or the state department of health so termed, in a large percentage of states has attained a rather complete development and a reasonable degree of efficiency. Why no one would be justified in making the statement that the appropriation for the central organization should not be increased for what is deemed advisable in projecting the health program upon an efficient basis, I do feel that the most important phase of public health development of the future is the organization and promotion of all-time County departments of health. Such organizations may be looked upon as the long arms of the state department of health reaching out and touching the hearth-stones of the people of the state. It is by means of and through the country health organizations that we may hope for the largest possible returns in the prevention and control of disease in the future. The Conservation of the health of the people is coming to be regarded as a business of the government.

An efficicent local health organization is indispensable in maintaining that standard of physical efficiency among the citizenship of the state which is so essential in industrial and commercial development. It is therefore obvious that the time is at hand when the citizens of a country or group of counties should be made to realize the value of efficient county departments of health, functioning day in and day out, year in and year out in the prevention and control of disease and in increasing the productive capacity of its citizenship. Such as local health organization will serve to bridge the gap between the efforts of the medical profession and the needs of the people in giving the necessary relief in the unsupplied field of medical service.

Maternity and Infant Hygiene, and The Pre-school Age and School Age Child.

There is no phase of public health work receiving more attention at the present time than maternity and infant hygiene and the health of the child of pre-school and school age. The increasing emphasis upon this phase of health work has been largely due to the financial aid of the Federal Government under the provisions of the Shepard-Towner bill, in co-operation with the respective states. When it is known that the death rate among mothers in child birth has not decreased during recent years and that the mortality among infants less than one year of age is alarmingly high, it is logical that special emphasis be placed upon this important phase of health work. As further evidence of this fact, 1-7 of all deaths occur among children before reaching one year of age, and approximately 140,000 infants die in the nation annually before reaching three months of age. In turn, there are about five million children in this country under five years of age and statistics show that something like one million, five hundred thousand suffer from diarrhoea and enteritis with attendent loss of life. In recent years, health surveys have shown that the health of school children has been greatly neglected and as a consequence, increasing interest and attention is being given to the

protection of the health of the pre-school age child and the child of school age. As statistics show that as many as fifteen million children out of the total of twenty million in the United States, suffer in one form or another from bad mouth hygiene or defective teeth, this one fact stands out as an index of the great need of constructive health work among children of the pre-school age and school age. It is therefore evident that in the development of the public health program of the future, more and more attention will be given to the child as the most potential unit of society. Increasing emphasis will be placed upon maternal and infant hygiene and the reduction of infant mortality. Moreover, the school child will be taught in a more systematic way, health habits, and will be shown the reason for them.

Opportunity will also be afforded children for the correction of incipient physical defects and as a basis of improved health standards, there will be devised a system of physical education in our schools with supervised play and work. Much emphasis will also be given to starting the child right in its emotional and mental life. In brief, the public will demand that the state assume due responsibility for the conservation of the health of children in attaining the period of maturity.

SALIVARY CALCULUS

Report of two cases.

By S. C. Hays, M. D., Clinton, S. C.

Calculi sometimes are formed in the parotid gland and its duct, but more commonly are found in the Maxillary gland or its duct. They may grow to size of hens egg, but are usually detected and removed while small.

The usual point of lodgment is near orifice of duct, and in these cases surgical interference is easy, local anaesthesia, and slitting duct or orifice, and turning out of stone all that is necessary; while if in the gland itself, removal of gland may be necessary.

The stones are composed of lime, magnesia or sodium salts and as a rule Calculi usually cause irritation, inflammation, even suppuration. Their action is usually intermittent, acting like a ball valve.

The cause of a formation like the urinary, or biliary calculi is probably due to entrance of infection or foreign body of some kind forming a mucleus for the deposit of salts.

Case 1. Boy age 14. For about six months has complained of intermittent swelling of left submaxillary region, usually occurring during eating, becoming slightly sore and enlarged, subsiding in several hours. Examination showed some swelling of left submaxillary gland, slightly tender, about size small hens egg. Orifice of left Whartons duct showed redness and sweiling. A small shot like body could be felt about 1 cm from orifice which could be rolled under finger and movable backwards toward gland.

Under local anaesthesia application, a small longitudinal slit made in orifice, and the mass turned out of duct with pressure from behind with finger. The mass was small calculus about size of buckshot, smooth perfectly round and of greyish white color.

Recovery uneventful in very few days. No symptoms reported since removal.

Case 11. J. F. Age 28. For three years patient has had a gradual enlargement in right submaxillary region which for the past four months has become extremely hard much larger and at times very painful. The swelling becomes harder and more painful when eating, or when chewing, or sometimes upon the smell of aromatic foods cooking. After eating, mass decreases in size and becomes less painful. For over a year attempts have been made to "draw this mass to a head" by hot applications, poultices, etc., without avail.

Examination showed a very large mass beneath lower right jaw in region of submaxillary gland, mass stoney hard, surrounding tissues brawny, and slightly reddened. Orifice ducts appeared normal, nor could any mass be felt within mouth along route of Whartons duct.

X-ray picture made which revealed a shadow outline of entire submaxillary gland well defined, and near center of this shadow a smaller shadow about 1 cm diameter quite dense, revealing well defined calculus. Patient was operated upon by Dr. Geo. S. King, with whom I was associated at the time, and myself. Entire gland removed. Gland about four times normal size. Very hard, gritty on section, showing lime deposits throughout. A stone, greyish in color and 1 1-4 cm in diameter was turned out of pelvis of gland at duct origin. Wound closed with small drain removed two days later. Recovery uneventful. Photograph shows calculus but the fainter shadow of gland is not reproduced in electroplate, on account considerable reduction in size of original picture.

UROLOGY

MILTON WEINBERG, M. D., Sumter, S. C.

PROSTATIC OBSTRUCTION

It is not a bold venture to state that prostatic obstruction is little understood except by those of the profession who have made special and intensive study of the condition. A meagre knowledge of this condition can only allow much misdirected and often harmful efforts for its relief.

While any discussion of prostatic maladies in a paper of this kind, which must necessarily be brief, could only be fragmentary in character, yet some fundamentals may be brought out. A due regard for these fundamentals would be of inestimable good to the patient.

Progress in the diagnosis and treatment of prostatic disease has been made, for the most part, in recent years. The advances cannot be surpassed in brilliancy by those in any other branch of medicine or surgery. Much of the credit for these advances must be given to Dr. Hugh H. Young, of Baltimore.

The common causes of prostatic obstruction are: hypertrophy, cancer and inflammation; less common, calculi, sarcoma and syphilis of the prostate. There are, however, other very common causes of urinary obstruction which are frequently not taken into consideration. These are median bar formation and contracture of the vesical neck, both of which are quite common, and may give the same symptomatology as that from any form of enlargement of the prostate, considering the chronic types of obstruction. Frequent, painful and difficult unrination, and residual urine, may be due to any of the above lesions. Only careful examination, many times with the aid of the cystoscope, will reveal the underlying lesion.

There are also other conditions that must be borne in mind in making a diagnosis of the cause of a urinary obstruction. These are stone in the bladder; diverticulum of the bladder; tumor of the bladder situated at the vesical orifice; disease of the central nervous system, such as tabes dorsalis.

The median bar, which is a type of obstruction at the vesical orifice, due to hypertrophy of trigonal tissue just at the vesical orifice, can be revealed by cystoscopy. Contracture of the vesical neck can also be diagnosed in the same manner and by exclusion. Both of these conditions are relieved by relatively simple operations and unless the proper diagnosis is made, a prostatectomy would be preformed without relief. In some cases in which operation for removal of the prostate should be done, procedures for the relief of the median bar or contracture should also be carried out at the same time.

Rectal palpation is not sufficient in very many cases in determining the presence of an obstructing prostate. The lateral lobes may not be enlarged, while the gland may have grown in its median portion and extended through the bladder sphincter into the bladder. Cystoscopy will determine such a condition.

Chronic inflammatory disease of the prostate may occur and cause obstruction, and not necessarily be accompanied by a septic picture. Massage of the gland expresses a very large amount of purulent material and unless there is also some hypertrophy, the patient gets entirely relieved of symptoms and residual, with appropriate simple procedures. In such a case it would seem quite wrong to have the patient undergo removal of the gland for relief.

OBSTETRICS AND GYNECOLOGY

R. E. SEIBELS, M. D., Columbia, S. C.

A perineorrhaphy is simply suturing a laceration of the perineum, while a perineoplasty is the restoration of function of the perineal body by a plastic operation. The former term should therefore be applied only to the immediate repair of an intrapartum tear while the latter designates the operation performed at some later date and may include not only the re-union of tissues separated in delivery but also the restoration of function of tissues rendered more or less useless by birth injury plus herniation of the lower bowel.

In the immediate repair of lacerations is included those suturings done within the puerperium, whether within a few hours or a few days as the indications may be. This restitution of integrity is never neglected by the conscientious obstetrician for he has learned that there is no disgrace in a tear, but there is serious neglect in not observing it and repairing it. Just a word about this procedure: the failure of suturing to hold, provided ordinary asepsis is maintained and the suture is not put through the rectum or the rectal mucosa has not been seriously traumatized, is due more frequently to necrosis of the tissues than to true infection. Interrupted sutures tied too tightly, or continuous sutures of the mucosa, put in too close together and pulled too hard, will give rise to sloughing. If the obstetrician will inspect his suture line twice during the 48 hours following their application he will see the edema, anemia and tissue death taking place.

Much dissatisfaction has been expressed by obstetricians with the result of perineoplastics performed on patients during the child-bearing years. Following these operations there has been dystocia and, not infrequently, a tear has taken place of more serious extent than the laceration which was repaired. This difficulty is due in large measure to the fact that the majority of operators do not engage in obstetrics and therefore have no chance to see the result of their craftsmanship offering unreasonable resistance to the advancing head and finally giving way under its impetus. They have forgotten the definition of their operation—restoration of function. Our attention was recently called to this by the examination of a physician's youthful wife who had had a plastic operation in what her surgeon termed a "relaxed perineum". The introitus admitted one finger only and the "virginal size" speculum was a tight fit. She believed she was pregnant and our relief was great when examination showed no pregnancy. Her delivery will be a serious problem.

Except in the case of complete laceration or possibly in repeated suturings of the perineum where there is little left but scar tissue a plastic restoration of the perineal body should offer no resistance to delivery and with due care to prevent too rapid advance of the head, should be no more liable to laceration than an unoperated perineum.

Following the operation for complete laceration and occasionally in the presence of extensive scar tissue, the surgeon has to do such extensive dissection that he may foresee difficulty in the case of another labor. In such cases he should carefully explain the situation to the patient and her physician before performing the operation, possibly advising cesarean section if another child is desired.

As to the suture material. Many men use silkworm-gut or silk in the perineum.

fearing infection with the use of cat-gut. Infection is rare under proper conditions and as shown above, the sloughing and failure of the operation is due to the method of suturing. When properly applied and tension is guarded against, cat-gut holds satisfactorily and requires no removal.

DERMATOLOGY AND SYPHILOLOGY

J. RICHARD ALLISON, M. D., Columbia, S. C.

CASES ILLUSTRATING SOME CONTRAINDICATIONS TO THE INTENSIVE TREATMENT OF SYPHILIS.

Clinic of Dr. V. J. Wile.
Medical Clinic of North American, March 1923.

In this article Dr. Wile brings very clearly to our attention the evil of the growing tendency of the routine treatment of Syphilis without the proper consideration of the patient.

The modern tendency is for Syphilitics to be treated in groups. Large institutions have been established; State, Federal and Civic Clinics have led to what might be termed the "mass treatment" of the patient, which in turn has led to an attempt to standardize treatment. In order to avoid this tendency to treat Syphilis and forget the Syphilitic; he draws attention to the following factors to be considered.

The first of these is the age of the Syphilitic. What constitutes an adequate treatment for the young man or woman in the full bloom of life is far too severe and cannot be tolerated without definite injury by the Senile Syphilitic. The second factor which one should always consider is the duration of the Syphilis. Early Syphilis intensely treated has a better prognosis than Syphilis one two or three years old. Yet after say fifteen or twenty years in which the Syphilis has been quiescent the prognosis compares favorably with early Syphilis. The third factor is the presence of coincident disease other than Syphilis. No other factor, neglect of which will lead to more harmful results. In such diseases as tuberculosis, diabetes, and chronic nephritis, the Syphilitic infection should be of secondary consideration. The last factor to be mentioned is the social status of the individual In this factor we are intimately concerned with the Syphilitic as a carrier. Potential parents should be considered as carriers and from a thereapeutic point of view should be considered different from a senile individual who is no longer a potential parent, and who would hardly stand the rigors of an intensive treatment such as would possibly be directed in a young individual.

There are unquestionably many cases of old Syphilis that should not receive treatment. In this connection it is wrong to consider the Wassermann as an absolute guide to therapeusis. There are many patients who have received adequate treatment and lived useful lives, who so to speak have outlived their Syphilis and yet whose blood tests are permanently positive. These are grouped in the so-called Wassermann fast cases—many of whom it is surely a mistake to treat.

Quite apart from this group there is a group in which treatment is actually harmful. Paresis in its later stages should not be treated. Myelitis and Tabes in which there is great destruction of the cord are not benefited by treatment.

Seven cases of Syphilis representing the above types are illustrated in this article showing the ill effects of the routine treatment of Syphilis, and the article is concluded by the following paragraph.

In conclusion, permit me to emphasize that the first requisite in treating Syphilis is a complete survey and evaluation of the patient, not only from the side of his disease, but from the particular position he occupies in society, from the side of what can be obtained by treatment, from the careful study of the predominating features of the disease, with due regard for the peculiarities of the particular system involved. Lastly, what I believe to be of paramount importance, the acceptance of the fact that the biologic test in itself is not of necessity an indication for therapeutic intervention.

SURGERY

SAMUEL ORR BLACK, M. D., Spartanburg, S. C.

DUODENAL ULCER. CHOICE OF OPERATIVE PROCEDURE AND TECHNIQUE OF PYLORECTOMY.

The next important question is the type of operation. I could merely invaginate the ulcer and infold the adjoining walls over. This method, I am glad to say, is rapidly becoming obsolete, as it should. I could do a Balfour cauterization of the ulcer, perforating the duodenum and closing the perforation, or I could cut out the ulcer with the indurated area; or where the ulcer is small and favorably located a Finney pyloroplasty would be the best procedure; and , finally I could do that which I usually prefer when feasible—a pylorectomy, by amputating the duodenum below the ulcer-bearing area and amputating the stomach to the proximal side of the pylorus, invaginating both stumps, and finishing with a posterior gastro-enterostomy. When this is not feasible, owing to the presence of exudate extending some distance down to the second portion of the duodenum which would make it impossible to invaginate the duodenal stump, I do only a posterior gastro-enterostomy.

We will now open the lesser peritoneal cavity, locate, expose, and tie the coronary vessels to each side of the ulcer. Having secured these vessels, I pass my left index-finger into the lesser peritoneal cavity behind the pylorus and along the inner wall of the duodenum, when by directing the point of the finger forward, I expose and clamp the vessels supplying this portion of the gut, and sever them along the duodenal side of the forceps. I next clamp the gastrocolic omentum close to its attachment to the stomach itself. All of these vessels and also the omentum in the grasp of the forceps are now tied. In this way I have freed the portion of the stomach and duodenum to be removed; I then apply two rubber-covered clamps, one on the duodenum below the site of the ulcer and the other on the stomach close to the pylorus, along the greater curvature of the stomach and cut through the duodenum and the to the point where I will cut through the stomach with a cautery knife. The duodenal stump is first closed by carrying a chromic eat gut suture in a straight needle through the mucous membrane, then through the serous and muscular coats; the clamps on the duodenum are now removed and a purse-string suture of linen carried through the serous and muscular coats of the bowel a sufficient distance below the

end of the stump to permit invagination, after which the suture is tied. The stumps of the omentum including the ligated pyloric and duodenal vessels are sewn to the invaginated stump of the duodenum for the purpose of reinforcement, in order to guard against possible leakage. I next close the opening in the stomach by sewing the two layers of muscous membrane together with a continuous chromic cat-gut suture threaded in a straight needle, then the clamp is removed. The serous and muscular coats are then apposed. Any spurting vessels should be secured by ligature. The final suture is a continuous Lembert of (properly speaking) Dupuytren suture of linen, which at each end picks up the stumps of omentum containing the ligated right gastro-epiploic and coronary arteries.

The above is taken from a recent article of that celebrated surgeon, John B. Deaver, Philadelphia, Pa. He handles the subject concisely and the discription of the operative technique of Pylorectomy is admirable.

SOCIETY REPORTS

FIFTH DISTRICT MEDICAL SOCIETY
Of South Carolina

OFFICERS:

Dr. R. G. Hamilton, President, Winnsboro, S. C.

*Dr. S. L. Allen, Vice President, Lancaster, S. C.

Dr. G. A. Hennies, Secretary, Chester, S. C.

COUNTIES:

Chester, Fairfield, Kershaw, Lancaster, York.

The semi-annual meeting of the district society held at the COUNTRY CLUB in ROCK HILL, S. C., Tuesday, June 12, 1923.

PROGRAM
10:00 A. M.

1—Opening Prayer—Dr. Alexander Martin, Rock Hill, S. C.

2—Address of Welcome—Mr. J. B. Johnson, Mayor of Rock Hill, S. C.

3—President's Address, Physical Exercise in the School—Dr. R. G. Hamilton, Winnsboro, S. C.

4—The Science of Medicine, a Progressive Science—Dr. L. O. Mauldin, President South Carolina Medical Association, Greenville, S. C.

5—Rural Health, an Index of Rural Prosperity—Dr. L. A. Riser, State Director of Rural Sanitation, Columbia, S. C.

6—Cranial and Intra-cranial Lesions—Dr. A. G. Brenizer, Charlotte, N. C.

7—Congenital Pyloric Stenosis with Report of a Case—Dr. G. H. Bunch, Columbia, S. C.

8—Occurence of Ectopic Pregnancy with Report of Cases—Dr. E. Abell, Chester, S. C.

SUMTER COUNTY MEDICAL SOCIETY

Program of the Monthly Meeting
Sumter, S. C., Girl's High School Building, Thursday, May 10, 6:30 P. M.

Call to Order by the President, W. S. Burgess, Sumter, S. C.

1. A Report of Several Interesting Chest Cases in Children. S. G. Glover, Greenville, S. C.

2. Cranial and Intra-Cranial Lesions (Lantern Slides). A. G. Brenizer, Charlotte, N. C.
3. Calcareous Changes in the Prostate Gland: Illustrated by Report of Three Cases. (Lantern Slides). H. W. McKay, Charlotte, N. C.
4. Banquet at Claremont Hotel.
5. Management of Posterior Position. G. Fraser Wilson, Charleston, S. C.
6. Nephritis. G. R. Wilkinson, Greenville, S. C.
7. Report of Clinical Cases.

GREENVILLE COUNTY MEDICAL SOCIETY

Regular Meeting Greenville County Medical Society—Hotel Imperial, Monday Evening, June 4, 1923.

One of the most pleasant meetings of the Greenville County Medical Society was held at the Hotel Imperial on the evening of June 4 th. In accordance with the custom of the Society, this was the night for the regular quarterly banquet. There were seated about the table about 65 doctors and ten lay visitors. The doctors consisted of society members, several guests from the staff of the U. S. P. H. S. hospital, and the two invited speakers. The board of governors of the Greenville city hospital and representatives from the two local papers made up the Non-Medical guests. Dr. T. R. W. Wilson presided. At his right sat Dr. L. O. Mauldin, President of the State Association. Dr. S. G. Glover President of the S. C. Pediatric Association was present and as he was chairman of the committee on arrangements he took a very active part in the affairs of the evening.

Jazz music and good food, nicely served, was the first number on the program, following the invocation by Dr. Geo. Quick, a local minister and a member of the hospital board of governors. This proved to be a general favorite, and great appreciation to the committee was amply demonstrated. After cigars and cigarettes had got to going good, Dr. Wilson called the meeting to order and announced that the usual order of buisness would be dispensed with. He then introduced Dr. W. L. Dunn, tuberculosis expert from Asheville, N. C. who read a most delightful simple and at the same time highly instructive paper on "Practical Points in the Conduct of the Rest Cure in Pulmonary Tuberculosis." His audience was very attentive while Dr. Dunn in a very unassuming and quiet manner instructed them in some of the vital points in the management of tuberculous patients. Dr. G. R. Wilkerson opened the discussion which became general.

Dr. Wilson then introduced Dr. W. P. Cornell pediatrist, of Columbia, S. C. Dr. Cornell was an old time friend to many who heard him, for he was for 18 years professor of diseases of children at the Medical College of the State of S. C. Dr. Cornell read a very practical and valuable paper on "Acidosis". At the request of Dr. Cornell, Dr. E. D. Andrews, opened the discussion of this paper, Dr. Glover and others present also entered into the discussion.

Dr. Dunn, who has recently returned from a trip to Toronto, was asked to tell something of the story of insulin. He told in an interesting manner the story of its discovery.

J. D. Guess,
Secretary.

MINUTES

MINUTES OF HOUSE OF DELEGATES CONTINUED

The report of Districts were then received as follows;

1st	District	Dr. A. E. Baker
2nd	"	Dr. S. E. Harmon
3rd	"	Dr. T. L. W. Bailey
4th	"	Dr. L. O. Mauldin
5th	"	Dr. T. N. Dulin
6th	"	Dr. C. R. May
7th	"	Dr. T. R. Littlejohn
8th	"	Dr. L. A. Hartzog

These reports were received as information and the chairman thanked for their reports.

Dr. W. F. R. Phillips, Charleston, read the Report of the Scientific Committee. It was moved by the Secretary that the President appoint a reference committee to consider this report and report back to the House under the head of New Business. Motion seconded and carried. The President appointed on this committee;

Dr. Robert Wilson, Jr.
Dr. C. J. Lemon
Dr. S. O. Black
Dr. J. C. Harper
Dr. J. R. Young.

Dr. A. E. Boozer, Columbia, read the report of the Committee on Public Policy and Legislation. This report was received as information, the President thanking Doctor Boozer for his work in the Legislature in the interests of medicine in South Carolina.

Dr. Robert Wilson, Jr., read the Report of the State Board of Health. This was received as information.

It was moved by Dr. G. McF. Mood, Charleston, that the recommendation of the Board of Health regarding the prophylactic treatment of dogs against rabies be endorsed by this body, and that this body urge the Legislature to pass a bill making this compulsory. Motion seconded and carried.

Dr. R. G. Hamilton, Winnsboro, read the Report of the Committee on Health and Public Instuction. This report was received as information.

Dr. J. S. Fouche, Columbia, read the Report of the Committee on Study and Prevention of Tuberculosis. This report was received as information.

Dr. A. E. Boozer, Columbia, read the Report of the State Board of Medical Examiners. This report was received as information.

Dr. E. A. Hines made his report as Delegate to the American Medical Association. This report was received as information.

Dr. Milton Weinberg, Sumter, read the Report of the Committee on Study and Prevention of Venereal Disease. This report was received as information.

Dr. B. O. Whitten, Clinton, read the Report of the Committee on Mental Hygiene. This report was received as information.

Dr. F. H. McLeod, Florence, read the Report of the Committee on Hospital Standardization. This report was received as information.

Dr. R. A. Marsh, Edgefield, read the Report of the Committee on Necrology. This report was received and filed, and the House of Delegates stood for a moment with bowed heads in memory of departed members.

Dr. W. P. Cornell, Columbia, read the Report of the Committee on Child Welfare. This report was received as information.

Under the head "Reports of Special Committees" Dr. M. H. Wyman, Columbia, made his report as fraternal delegate to the Georgia Association in 1922. This report was received.

Dr. W. F. R. Phillips made the report for the Committee on special recommendations of officials. This report was referred to the Committee on Constitution and By-Laws which is to be appointed.

Dr. Robert Wilson, Jr., made the following report for the committee appointed to consider the Report of the Scientific Committee.

MR. PRESIDENT; Your committee makes the following recommendations.

That the Committee on Scientific Work consist of five members, composed of the President and Secretary ex officio, and three members to be appointed by the President. That the members (appointed) serve for a period of three years, provided that the committee be so arranged that the term of one member shall expire each year.

We further recommend that the arrangement of the program be left in the hands of the Committee, provided that two special subjects or symposiums be arranged, one for

each day, and that men specially qualified shall be invited to open the discussion of these subjects. That the remaining portion of the session be devoted to general papers and papers by invited guests.

Moved by Dr. C. L. Kibbler, Columbia, that this report be adopted. Motion seconded and carried.

Under the Head of "New Business" Dr. W. P. Timmerman reported for the committee on the Secretary's Report. Moved by Dr. N. B. Edgerton, Columbia, that this report be adopted. Motion seconded and carried. Dr. Timmerman's report follows.

We commend the Secretary for his interesting report. We approve the recommendation made by him that a committee be appointed to revise the Constitution and By-Laws.

We approve the formation of a Woman's Auxiliary of the South Carolina Medical Association, provided it involves no financial responsibility on the part of the Association.

Respectfully submitted,
W. P. Timmerman,
Chairman.

Dr. W. R. Wallace, Chester, moved that a committee of three be appointed to revise the Constitution and By-Laws. Motion seconded and carried.

Dr. A. E. Boozer made the following report for the committee appointed to consider Dr. Harmon's resolution.

The Committee on the resolution offered by Dr. Harmon recommend that the resolution be referred to the executive committee of the State Board of Health for such use as propaganda or otherwise as they may deem expedient in the matter.

Dr. A. E. Boozer moved the adoption of this report. Motion seconded.

Dr. M. H. Wyman, Columbia, moved that Dr. Boozer's motion be tabled. Motion seconded. A division was called for, and on rising vote the motion carried 28 to 16.

Dr. N. B. Edgerton, Columbia, read a resolution adopted by the Columbia Medical Association along the line of Dr. Harmon's resolution, and moved that the House of Delegates act on this resolution. Motion seconded.

Moved by Dr. W. P. Timmerman to amend by striking out the word "chiropractor" and substituting the words "various cults." The amendment was accepted and the amended motion carried.

The Place of Meeting for 1924 was then considered. Dr. Green of Orangeburg invited the Association to meet there, and Spartanburg extended an invitation to come there. On vote, Orangeburg was chosen.

Dr. Green asked that the Orangeburg County Medical Society be changed from the Second to the Eighth District. On motion, this was granted.

The Secretary read a communication from the new Legislature Bureau of the American Medical Association. It was moved by Dr. G. T. Tyler of Greenville that this Association adopt the recommendations of this communication. Motion seconded and carried.

Election of Officers followed, the following being the result:

President, L. O. Mauldin, Greenville.
1st V. P., B. O. Whitten, Clinton.
2nd V. P., C. I. Green, Orangeburg.
3rd V. P., J. C. Harper, Greenwood.
Sec'y-Treas., E. A. Hines, Seneca.

Councillors:

First District, A. E. Baker, Charleston.
Third District, T. L. W. Bailey, Clinton.
Fourth District, J. R. Young, Anderson.
Fifth District, T. N. Dulin, York.
Seventh District, T. R. Littlejohn, Sumter.

STATE BOARD OF MEDICAL EXAMINERS:

J. H. Taylor, Columbia.
R. E. Abel, Chester.

Dr. Robert Wilson, Jr., moved that the press be requested not to publish the details of the discussion regarding chiropractors. Motion seconded and carried.

The newly elected President Dr. L. O. Mauldin was escorted to the Chair:

MR. PRESIDENT AND FELLOW MEMBERS: This privilege and honor which has been conferred upon me, an honor which has been handed down from year to year by the different members of the South Carolina Medical Association for the past seventy-five years, is deeply appreciated by me. The potential strength of the South Carolina Medical Association is so great that it is impossible to measure the scope of its influence, but it is a worthy organization, doing commendable and unselfish service to the profession and to the people of the Palmetto State, and as such I deem it a high honor to accept the position which you have offered me, I thank you.

(To be continued)